

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing **DONALD A SKINNER**File Number U- **028-054**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IBEW 957 / NSCA LABOR MANAGEMENT COMM**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3994 E MAIN ST**

City **VENITUA**

State **CA** ZIP Code + 4 **93003**

11.a. Nature of such dealing.

**REIMBURSEMENT OF WAGES LOST
FOR ATTENDING LMCC MEETINGS**

11.b. Approximate dollar value of such dealing.

269.60

12.a. Nature of interest held or income received.

**REIMBURSEMENT OF WAGES
2 MEETINGS**

12.b. Amount.

269.60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **DONALD A SKINNER**File Number U- **028-054**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **FB9W952/NSCA PENSION TRUST**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **3994 E MAIN ST.**City **VENTURA CA**State **CA** ZIP Code + 4 **93003**

11.a. Nature of such dealing.

**REIMBURSEMENT FOR EXPENSES FOR
INTERNATIONAL FOUNDATION MISSION**

11.b. Approximate dollar value of such dealing.

1211.08

12.a. Nature of interest held or income received.

**REIMBURSEMENT FOR EXPENSES -
HOTEL, AIRFARE, MEALS, TAXI
AND PARKING**

12.b. Amount.

1211.08

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing DONALD A SKINNER	File Number U- 028-054
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IBEW 952 / NGA PENSION TRUST</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 3994 L MAIN ST</p> <p>City VENTURA</p> <p>State CA ZIP Code + 4 93003</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">REIMBURSEMENT FOR WAGES LOST TO ATTEND PENSION TRUST MEETINGS</div> <p>11.b. Approximate dollar value of such dealing. 539.20</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">REIMBURSEMENT OF WAGES</div> <p>12.b. Amount. 539.20</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IBEW 952 / ISEA HEALTH & WELFARE TRUST**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **3994 E MAIN ST.**City **VENTURA**State **CA** ZIP Code + 4 **93003**

11.a. Nature of such dealing.

**REIMBURSEMENT OF LOST
WAGES TO ATTEND HEALTH
& WELFARE TRUST MEETINGS**

11.b. Approximate dollar value of such dealing.

269.60

12.a. Nature of interest held or income received.

REIMBURSEMENT OF WAGES

12.b. Amount.

269.60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.